

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000065612

Entity Name: 2561 SE CHARLESTON, LLC

**FILED**  
**Feb 12, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

1189 BROADVIEW ST  
PORT ST LUCIE, FL 34983 US

**New Principal Place of Business:**

1189 SW BROADVIEW ST  
PORT ST LUCIE, FL 34983 US

**Current Mailing Address:**

PO BOX 2907  
SOUTHAMPTON, NY 11969 US

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DUFFY, WILLIAM  
1189 BROADVIEW ST  
PORT ST LUCIE, FL 34983 US

**Name and Address of New Registered Agent:**

DUFFY, WILLIAM  
1189 SW BROADVIEW ST  
PORT ST LUCIE, FL 34983 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_ 02/12/2009  
Electronic Signature of Registered Agent                      Date

**MANAGING MEMBERS/MANAGERS:**

Title: MR.                      ( ) Delete  
Name: DUFFY, WILLIAM  
Address: P.O. BOX 2907  
City-St-Zip: SOUTHAMPTON, NY 11969

**ADDITIONS/CHANGES:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WILLIAM DUFFY                      MR                      02/12/2009  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date